

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Stress Management Institute

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 271 Austin Street, San Francisco, CA 94109

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Judith Shaffer

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Stress Management Institute, 271 Austin Street,  
San Francisco, CA 94109

**Telephone Number of Designated Agent:** (415) 474-3099

**Facsimile Number of Designated Agent:** (415) 474-3052

**Email Address of Designated Agent:** JShaffer@aboutstress.com

**Signature of Designating Service Provider:**

**Designating Service Provider:**

**Date:** 5/20/00

**Typed or Printed Name and Title:** JUDITH SHAFFER  
DIRECTOR, ABOUTSTRESS.COM

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**



**RECEIVED**

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